



**APPLICATION
WATER/SEWER
CONNECTION PERMIT
E-28**

Development Services

Engineering Department

1635 Faraday Avenue

760-602-2750

www.carlsbadca.gov

DATE OF CONNECTION _____ LOCATION OF WORK _____

CONTRACTORS NAME _____ TEL NO. _____

NAME OF REP. AT SITE _____ TITLE _____

SIGNATURE _____ DATE _____

TYPE OF CONNECTION

SEWER _____ WATER _____ RECLAIMED _____ WET TAP _____ SHUT DOWN _____

LENGTH OF SHUT DOWN _____ FROM _____ TO _____ TOTAL HOURS _____

LIVING UNITS EFFECTED _____ NUMBER IN CREW _____

MATERIAL/EQUIPMENT TO BE USED _____

NO/THRUST BLOCK _____

DISTRICT APPROVAL SIGNATURE

PUBLIC WORKS MANAGER, UTILITY OPERATIONS

DATE

PLEASE READ BELOW BEFORE SIGNING PERMIT

1. Permit shall not be issued unless a **DETAILED SKETCH IS ATTACHED** showing all facets of construction.
2. There shall be a **MINIMUM OF 48 HOURS NOTICE GIVEN TO DISTRICT** after permit is issued.
3. If the weather or a situation develops where the time of shutdown is not feasible, a new shutdown time shall be resubmitted to the district for approval.
4. Temporary water supply shall be only from an approved and accepted CMWD line.
5. No CMWD valves shall be operated except under direction of CMWD representative.
6. There shall be **NO SHUTDOWNS ON FRIDAYS, SATURDAYS, SUNDAYS OR HOLIDAYS.**
7. The contractor shall have his representative, listed above, on the site of construction during the entire duration of the shutdown and will have authority to act in the company's behalf.

**CARLSBAD MUNICIPAL WATER DISTRICT, 5950 EL CAMINO REAL, CARLSBAD, CALIFORNIA 92008
TEL. NO. (760) 438-2722**

CITY INSPECTOR _____

CMWD NO. _____